STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155377	A. BUILDING _____ B. WING _____	C 09/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEYMOUR CROSSING	707 S JACKSON PARK DR SEYMOUR, IN 47274

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00207734, IN00208151 and IN00210577. Complaint IN00207734 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00208151 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00210577 - Substantiated. No deficiencies related to the allegation are cited. Survey dates: September 20, 21 and 22, 2016 Facility number: 000272 Provider number: 155377 AIM number: 100274710 Census bed type: SNF/NF: 92 Total: 92 Census payor type: Medicare: 11 Medicaid: 71 Other: 10 Total: 92 Sample: 6 Seymour Crossing was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 - 3.1 in regard to the Investigation of Complaints IN00207734, IN00208151 and IN00210577. QR was completed by 99993 on 09/26/16.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE